

## State of Idaho

Ben Ysursa Secretary of State

LOBBYIST MONTHLY REPORT	LC	ΓМ	BYIST	MONTHL	Y REP	ORT	<b>FORM</b>
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To Be Filed By:

**L-3** 

LOBBYISTS (Sec. 67-6619) Page\_\_\_\_of\_\_\_Page(s) THIS SPACE FOR OFFICE USE ONLY

2317 MAR -8 AM 9: 10

						9			U		
(Type or print clearly in black ink)								See.			
See instructions at bottom	of page										
obbyist's name and permanent business addr	ress			Dat	e pr	epared		P	eriod co	vered	
Michael O'Bleness								X	month en	ding	
555 West 25th St								(3.4.)	(D)	(T.)	
Idaho Falls, ID	83402			00/06/07				(Mo.)	(Day)	(Yr.)	
					0.	3/06/07			02	28	2007
Totals of all reportable exp	enditures made or	r incurred b	y Lobb	yist or	by	Lobbyist's Empl	loyer on l	behalf of	Lobbyi	st's Emplo	yer.
Reinfoursed Letsonal Living and Travel	otal Amount for	Proportional Item 3, at				uted by each emp	loyer (Ide	entify emp	ployers,	under	
Expenses Pertaining to Lobbying Activity  Do Not Have to be Reported	All Employers	Employer No. 1		1	Employer No. 2		Employer No. 3		3	Employer No. 4	
Entertainment Food and Refreshment \$		•			\$		\$		9		
Living Accommodations											
Advertising											
Travel				_							
Telephone				_							
Other Expenses or Services									_		
Total \$	.00	\$			\$		\$		\$	8	
*When the number of employers you are re	eporting for require	es multiple I	L-3 form	ns to b	e fil	ed a total amoun	t for all e	mployers	should b	be entered	on Page 1
Item The totals of each expenditure of		ollars (\$50)	for a le	gislato	r, o						
2 Date	Place		Ar	nount		Names of Legis	lators, Pu	blic and E	Executive	Officials	in Group
1											
None											
İ											
Continued on attached page(s)		ı			i						
				Iten 3	n	En	nnlovar(c)	Name(s)	and Add	race(ac)	
INSTRUCTIONS						Employer(s) Name(s) and Address(es)  Development Workshop, Inc.					
				No. 1	5	55 West	ent wo	orksn Stre	iop,	inc.	
<b>Who should file this form:</b> Any lobbyist registered under Section 67-6617 Idaho Code					Idaho Falls, ID 83402						
Filing deadline: Monthly reports due within ten (10) days of the month for activities of the past month.											
TO BE FILED WITH:											

No. 3

No. 4

Ben Ysursa Secretary of State PO Box 83720 Boise, ID 83720-0080

Phone: (208) 334-2852 Fax: (208) 334-2282

Item 4		ditures made by the lobbyist or by the lobbyist's employer in the nature of contributions of money or other tangible or intangible and property to any Legislator, Public or Executive Official or for or on behalf of any Legislator, Public or Executive Official.							
	Date	Amount		Name of Legislator, Public or Executive Official Receiving or Benefiting					
Item 5 Subject (from 11	Subject matter or House Bill, the Lobbyist wt Code Bill, Rtable) Legislat	None  of proposed legislation, the r Resolution or other legislativas supporting or opposing.	number of the Senate ive activity in which oriation Bill Number Section Number	Code 01 02 03 04	LEGISLATIVE SUB  Subject Agriculture, horticulture, farming, and livestock Amusements, games, athletics and sports Banking, finance, credit and investments Children, minors, youth, senior citizens	JECT	IDENTIFICATION  Subject Health service, medicine, drugs and controlled substances, health insurance, hospitals Higher education Housing, construction, codes Insurance (excluding health insurance) Labor, salaries and wages,		
				05 06 07 08 09 10 (11) 12 13 14 15 16	Church and religion Consumer affairs Ecology, environment, pollution, conservation, zoning, land and water use Education Elections, campaigns, voting, political parties Equal rights, civil rights, minority affairs Government, financing, taxation, revenue, budget, appropriations, bids, fees, funds Government, county Government, federal Government, municipal Government, special districts Government, state	22 23 24 25 26 27 28 29 30	collective bargaining Law enforcement, courts, judges, crimes, prisons License, permits Liquor Manufacturing, distribution and services Natural resources, forest and forest products, fisheries, mining and mining products Public lands, parks, recreation Social insurance, unemployment insurance, public assistance, workmen's compensation Transportation, highways, streets and roads Utilities, communications, televisions, radio, newspaper, power, CATV, gas Other (please specify)  Lehabilitation Program		
Item 6		le, ratemaking decision, pess, financial services or bopposing.			CERTIFICATION: I hereby certify correct statement in accordance we have been been been been been been been be	y that t	the above is a true, complete and strop 67-6624 <b>Idaho Code</b> .  Date		